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A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 C.F.R. 1.17.

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12-18-01

Customer No. 000959

MMI-003 Case Docket No.

	ent Application, D.C. 2										
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j		Date of Deposit Pecember 14, 2001									
Tress		I hereby certify the deposited with the 37 CFR 1.10 on the	at this transmittal letter United States Postal Sone date indicated above hington, DC 20231.	r and the papers r Service "Express" e and is addressed	referred to as being Mail Post Office of to the Commission	to Addre sioner for	ssee" service	under	JC580 U.S. PTO 10/017721		
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	1	Signature	Viriato G. Cardo	oso					ည်		
	<u> </u>	Please Prin	t Name of Person Sign								
Sir:											
Transmit	ted herewith	n for filing is the	oatent application of	•							
Inventor	(s): J	eanette McCarthy	, George Daley, and	d Stacey Bolk							
For:	Diagnosis	and Treatment of	Vascular Disease								
Enclosed	l are:										
	This is a request for filing a continuation divisional application under 37 CFR 1.53(b), of pending prior application serial no filed on entitled										
X	89 pages of specification, 24 pages of claims, 1 pages of abstract.										
X	117										
X	A Declarat	A Declaration, Petition and Power of Attorney (executed by Jeanette McCarthy only)									
X	An Assign enclosed.	An Assignment to Millennium Predictive Medicine, Inc., A recordation form cover sheet (Form PTO 1595) is also									
X	Transmitta	Transmittal Letter for Diskette of Sequence Listing.									
X	Diskette C	Diskette Containing Sequence Listing.									
X	Sequence l	Listing (106 page	s)								
X	•	Preliminary Amendment (3 pgs. Including Version with Markings to Show Changes Made)									
X		Application Data Sheet (3 pgs.)									
X		Return Postcard									
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EOD		(Col. 1)	(Col. 2)	SMALL		1 on		ENTITY	ı		
FOR: BASIC I	EEE	NO. FILED	NO. EXTRA	RATE	FEE \$	OR OR	RATE	FEE \$ 740			
	CLAIMS	168 - 20	= 148	x 9=	\$	OR	x 18=	\$ 2664			
	CLAIMS	37 - 3	= 34	x 42	\$	OR	x 84	\$ 2856	ļ		
MULTIPLE DEPENDENT CLAIMS PRESENTED				+140	\$	OR	+280	\$ 280			
* If the difference in Col. 2 is less than zero, TOTAL 0 enter "0" in Col. 2.					0	<u>OR</u>	TOTAL	\$6540.00			
X	A check in	k in the amount of \$\\$6540.00 to cover the filing fee is enclosed.									
X		he Commissioner is hereby authorized to charge payment of the following fees associated with this ommunication or credit any overpayment to Deposit Account No. 12-0080.									

MMI-003

	The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed.						
		Any patent application processing fees under 37 C.F.R. 1.17. The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance,					
		pursuant to 37 C.F.R 1.311(b). Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.					
X	A check in the amount of \$_40.00 to cover the recording of assignment documents is also enclosed.						
X		Address all future communications (May only be completed by applicant, or attorney or agent of record) to DeAnn F. Smith, Esq. at Customer Number: 000959 whose address is:					
		Lahive & Cockfield, LLP					

28 State Street Boston, Massachusetts 02109

Date: December 14, 2001

LAHIVE & COCKFIELD, LLP Attorneys at Law

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